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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 none

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
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TITLE  
 METHOD OF UPDATING NETWORK INFORMATION ADDRESSES

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